

**Medical Screening
Requirements for Re-
deploying Soldiers
Deployment Cycle Support
Conference**

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Office of the Surgeon General
7 APR 03**

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Deployment Medical Screening Guidance

- **PL105-85 (Defense Authorization Act for 1998)**
- **DODD 6490.2 Joint Medical Surveillance (Aug 97)**
- **DODI 6490.3 Implementation And Application of Joint Medical Surveillance (Aug 97)**
- **Memo, Asst Sec Def (Health Affairs), Oct 98, Subject: Policy for pre- and post-deployment health assessments and blood samples (updated Oct 01)**
- **HQDA, G-1, Personnel Policy Guidance, Operations Noble Eagle, Enduring Freedom, and Iraqi Freedom, Annex E.**
 - **ALARACT MESSAGE 023/2002, 282117Z FEB 02, SUBJECT: PRE- AND POST-DEPLOYMENT HEALTH ASSESSMENTS (P/PDHA).**
 - **ALARACT MESSAGE 038/2003, 211351Z MAR 03, SUBJECT: PRE- AND POST-DEPLOYMENT HEALTH ASSESSMENTS**
- **DRAFT Memo, USD (P&R), Subject: Enhanced post-deployment health assessments**

Post-deployment Health Assessment Goals

- **Full compliance with Congressional, DOD, Joint Staff, and Army guidance**
- **Documentation of health status for deployed soldiers**
- **Identification of soldiers with post-deployment health concerns**
- **Proper management of soldiers with post-deployment health problems**
- **Earn the trust and confidence of soldiers and all constituencies**

DD Form 2796-Post-Deployment Health Assessment

POST-DEPLOYMENT Health Assessment

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Authority: 10 U.S.C. 136 Chapter 55, 1074f, 3013, 5013, 8013 and E.O. 9397

Principal Purpose: To assess your state of health after deployment outside the United States in support of military operations and to assist military healthcare providers in identifying and providing present and future medical care to you.

Routine Use: To other Federal and State agencies and civilian healthcare providers, as necessary, in order to provide necessary medical care and treatment.

Disclosure: (Military personnel and DoD civilian Employees Only) Voluntary. If not provided, healthcare WILL BE furnished, but comprehensive care may not be possible.

INSTRUCTIONS: Please read each question completely and carefully before marking your selections. Provide a response for each question. If you do not understand a question, ask the administrator.

Demographics

Last Name

First Name

Deployed Unit

Gender
☐ Male ☐ Female
Service Branch
☐ Air Force ☐ Army ☐ Coast Guard ☐ Marine Corps ☐ Navy ☐ Other
Component
☐ Active Duty ☐ National Guard ☐ Reserves ☐ Civilian Government Employee

Location of Operation

☐ Europe ☐ SW Asia ☐ SE Asia ☐ Asia (Other) ☐ South America
☐ Australia ☐ Africa ☐ Central America ☐ Unknown

Deployment Location (CITY, TOWN, or BASE):

List country (IF KNOWN):

Name of Operation:

Today's Date (dd/mm/yyyy)

Social Security Number

DOB (dd/mm/yyyy)

Date of arrival in theater (dd/mm/yyyy)

Date of departure from theater (dd/mm/yyyy)

Pay Grade

☐ E1 ☐ E2 ☐ E3 ☐ E4 ☐ E5 ☐ E6 ☐ E7 ☐ E8 ☐ E9
☐ O1 ☐ O2 ☐ O3 ☐ O4 ☐ O5 ☐ O6 ☐ O7 ☐ O8 ☐ O9 ☐ O10
☐ W1 ☐ W2 ☐ W3 ☐ W4 ☐ W5 ☐ Other

Administrator Use Only

Indicate the status of each of the following:

Yes **No** **N/A**
☐ ☐ ☐ Medical threat debriefing completed
☐ ☐ ☐ Medical information sheet distributed
☐ ☐ ☐ Post-Deployment serum specimen collected, if required

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DD FORM 2796, MAY 1999

ASD (HA) APPROVED SEPTEMBER 1998 Ver 1.3



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PLEASE FILL IN SOCIAL SECURITY #

Health Assessment

1. Would you say your health in general is: ☐ Excellent ☐ Very Good ☐ Good ☐ Fair ☐ Poor
2. Do you have any unresolved medical or dental problems that developed during this deployment? ☐ Yes ☐ No
3. Are you currently on a profile or light duty? ☐ Yes ☐ No
4. During this deployment have you sought, or intend to seek, counseling or care for your mental health? ☐ Yes ☐ No
5. Do you have concerns about possible exposures or events during this deployment that you feel may affect your health? ☐ Yes ☐ No
Please list your concerns: _____
6. Do you currently have any questions or concerns about your health? ☐ Yes ☐ No
Please list your concerns: _____

Service Member Signature

I certify that responses on this form are true.

Post-Deployment Health Provider Review (For Health Provider Use Only)

After interview/exam of patient, the following problems were noted and categorized by Review of Systems. More than one may be noted for patients with multiple problems. Further documentation of problem to be placed in medical records.

REFERRAL INDICATED

☐ None ☐ Cardiac ☐ Combat / Operational Stress Reaction ☐ Dental ☐ Dermatologic ☐ ENT ☐ Eye ☐ Family Problems ☐ Fatigue, Malaise, Multisystem complaint
☐ GI ☐ GU ☐ GYN ☐ Mental Health ☐ Neurologic ☐ Orthopedic ☐ Pregnancy ☐ Pulmonary ☐ Other _____

EXPOSURE CONCERNS (During deployment)

Provider see questions 5&6 on this form

☐ Environmental
☐ Occupational
☐ Combat or mission related
☐ None

Comments:

I certify that this review process has been completed.

Provider's signature and stamp:

Date (dd/mm/yyyy)

End of Health Review

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Post-deployment Health Assessment for OIF/OEF, Draft CONOPS-2 Phases

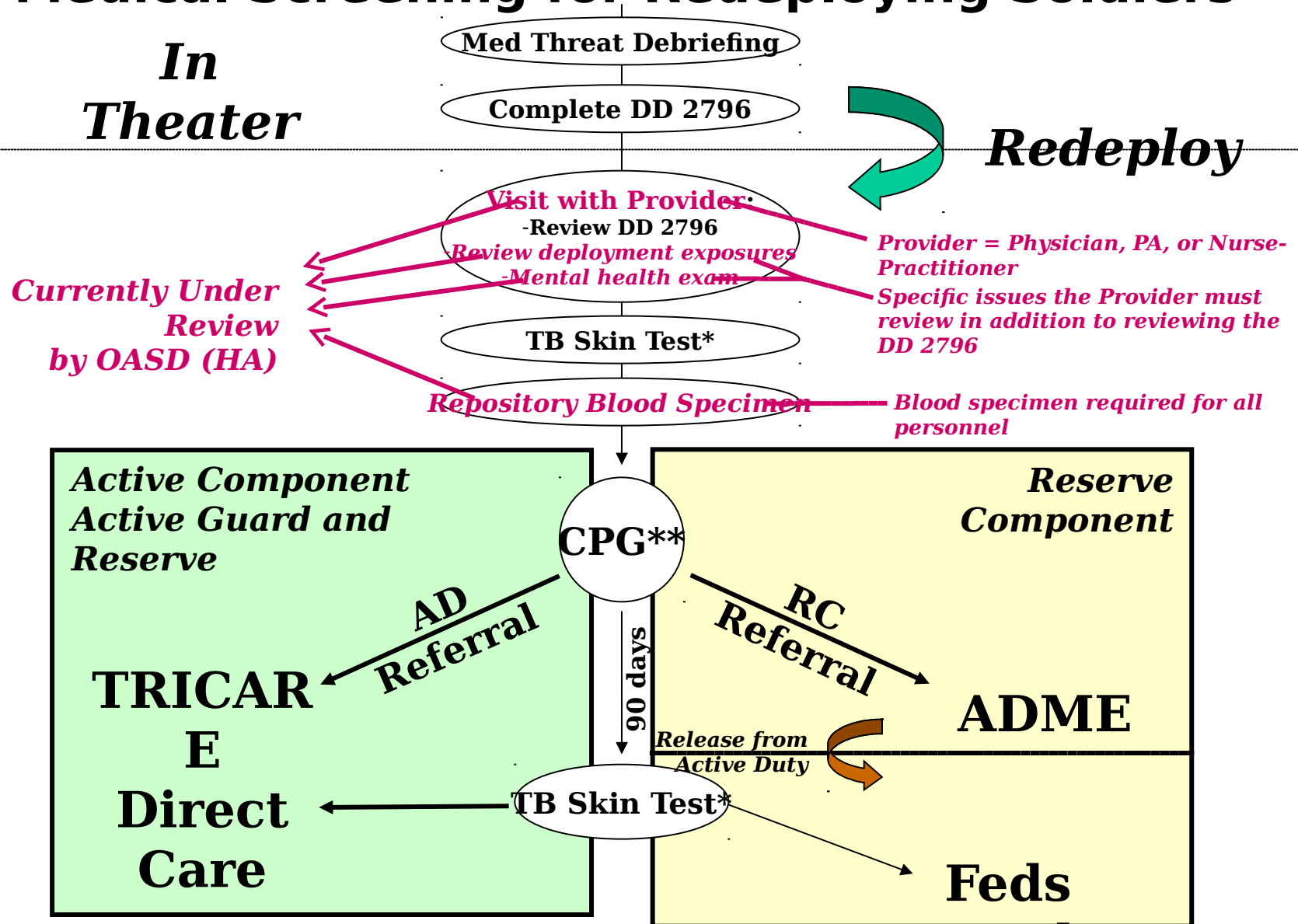
- **Phase 1: In-theater**
 - ***Soldier completes and provider reviews automated DD Form 2796, Post-deployment Health Assessment**
 - ***Documentation of use of Soman Nerve Agent Pre-treatment Pyridostigmine (SNAPP)**
 - ***Soldier receives terminal malaria prophylaxis and counseling (if required)**
 - ***Medical threat debriefing**
 - **Soldier receives “Soldiers Guide to Re-deployment”**
- **Phase 2: Home Station (Validation, TB test, referral)**
 - **Provider validates DD Form 2796 -check to make sure data in database (if not, complete the automated form)**
 - ***Provider reviews DD Form 2796 to ensure follow-up medical referrals are scheduled IAW post-deployment clinical practice guideline**
 - ***Administer, read and document Tuberculin (TB) skin test**

***Required**

Medical Screening for Redeploying Soldiers

*In
Theater*

Redeploy



****Clinical Practice Guideline**
4 Apr 03

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***Two visits, 48-72 hours apart**
Heal
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Issues And Way Ahead

- **Intense Congressional, DOD and Army interest in full compliance with post-deployment health assessment procedures**
- **Post-deployment procedures being refined with CFLCC**
- **Automated DD Form 2796 now available**
- **Synchronization with Deployment Cycle Support Program required**